
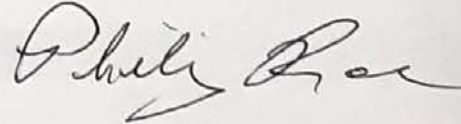
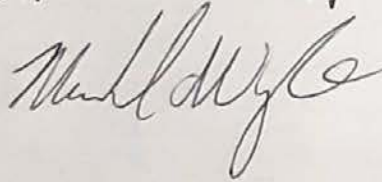


ICS 208 - Site Safety Plan				Version Name: 11/28/19-Site Safety Plan				
Incident Name: South 4 Group Fire				Period: Initial Response [11/29/2019 06:00 - 11/30/2019 06:00]				
Applies to Site: Onsite								
Site Characterization								
Water		Land		Weather				
Wave Height		Land Use		Air Temp		72 Fahrenheit		
Speed				Wind Speed		15 mph		
Direction				Direction		NNE		
Site Hazards								
Yes	No	Hazards	Yes	No	Hazards	Yes	No	Hazards
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boat Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Stress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steam and Hot Water
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Helicopter Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trenching/Excavation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cold Stress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lifting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UV Radiation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Confined Spaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Motor Vehicles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visibility
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drum Handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Noise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weather
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Overhead/Buried Utilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work Near Water
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electrical Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plants/Wildlife	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nuclear Sources
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fatigue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pump Hose			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire, Explosion, In-situ Burning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Slips, Trips, and Falls			
Air Monitoring Limits								
Oxygen Level		1,3-Butadiene	0.5ppm 5 min	Nitrogen Dioxide	0.2ppm 5 min			
LEL	1% 1 min	Butane	500ppm 5 min	Particulate Matter	351ug/m3 5 min			
Hydrogen Sulfide		Carbon Dioxide	5000ppm 5 min	Total VOCs	0.5ppm 5 min			
Benzene	0.5ppm 5 min	Carbon Monoxide	25ppm 5 min					
Total Hydrocarbons		LEL (action)	5% 1 min					
Engineering Controls								
<input type="checkbox"/>	Source of release secured	<input type="checkbox"/>	Valve(s) closed	<input type="checkbox"/>	Energy sources locked/tagged out			
<input checked="" type="checkbox"/>	Site secured	<input checked="" type="checkbox"/>	Facility shut down					
Personal Protective Equipment Required								
<input type="checkbox"/>	Impervious suit	<input checked="" type="checkbox"/>	Hard hats	<input checked="" type="checkbox"/>	Boots			
<input type="checkbox"/>	Inner gloves	<input checked="" type="checkbox"/>	Respirators	<input checked="" type="checkbox"/>	Bunker Gear			
<input checked="" type="checkbox"/>	Outer gloves	<input checked="" type="checkbox"/>	Eye protection	<input checked="" type="checkbox"/>	SCBA - Fresh Air			
<input checked="" type="checkbox"/>	Flame resistant clothing	<input type="checkbox"/>	Personal flotation					
Additional Control Measures Established								
<input checked="" type="checkbox"/>	Decontamination	<input checked="" type="checkbox"/>	Illumination	<input type="checkbox"/>	Additional stations established			
<input checked="" type="checkbox"/>	Sanitation	<input type="checkbox"/>	Medical surveillance	<input checked="" type="checkbox"/>	Facilities provided			
Work Plan								
<input checked="" type="checkbox"/>	Booming	<input type="checkbox"/>	Excavation	<input type="checkbox"/>	Hot work			
<input checked="" type="checkbox"/>	Skimming	<input checked="" type="checkbox"/>	Heavy equipment	<input type="checkbox"/>	Appropriate permits used			
<input checked="" type="checkbox"/>	Vac trucks	<input type="checkbox"/>	Sorbent pads					
<input checked="" type="checkbox"/>	Pumping	<input type="checkbox"/>	Patching					
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Incident Name: South 4 Group Fire				Period: Initial Response [11/29/2019 06:00 - 11/30/2019 06:00]			
Training							
<input checked="" type="checkbox"/>	Verified site workers trained per local/federal regulatory requirements			Training Requirements	Annual Emergency Response Training		
Organization							
Position	Name	Telephone/Radio	Position	Name	Telephone/Radio		
Incident Commander	McDonald, Scott	409-527-2057	Operations Section Chief	Lynn, Gordon	281-608-4051		
Safety Officer	Clifton, Chrissy	409-728-9691					
Emergency Plan							
<input type="checkbox"/>	Fire Prevention Plan			<input checked="" type="checkbox"/>	Evacuation Plan		
<input type="checkbox"/>	Alarm System			<input checked="" type="checkbox"/>	First Aid Location		
Notifications							
Facility		Phone	Facility		Phone		
<input checked="" type="checkbox"/>	Hospital	Medical Center of SETX	409-853-5900	<input checked="" type="checkbox"/>	Fire	Port Neches Fire Department	409-853-5900
<input checked="" type="checkbox"/>	Ambulance	Acadian EMS	800-259-1111	<input type="checkbox"/>	Law Enforcement		
<input checked="" type="checkbox"/>	Air Ambulance	Southeast Texas Air Rescue		<input type="checkbox"/>	Emergency Response/Rescue		
Initial Briefing							
<input type="checkbox"/>	Initial safety briefing prepared for each site						
Attachments/Appendices							
Attachment				Filename			
TPC_Boom Placement Imagery.PNG.png				TPC_Boom Placement Imagery.PNG.png			
<p>TCER SOBC, TINA TRAN </p> <p>EPA OSC Philip Rouse </p> <p> TPC EOC Manager Nights</p>							
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